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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	ATTORNEY DOC		RNEY DOCKET NO.	CONFIRMATION NO.
10/595,108 TITLE OF INVENTION	02/17/2006 E HEPATITIS C INHIB	ITOR PEPTIDE ANALO	Murray D. Bailey GS			13-0128	2759
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/15/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
ROBINSON, BINTA M		1625	544-141000	_			
1. Change of correspondence address or indication of "Fee Address" (?7 CFR 1.53). Change of correspondence address for Change of Correspondence Address form PIOSB/12) antached. The Address form PIOSB/12) antached. The Address' indication (or "Fee Address" indication form PIOSB/14) and the PIOSB/14 is to get a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up or agents OR, alterna (2) the name of a single registered attorney of 2 registered patent at listed, no name will be	of a single firm (having as a member a racey or agent) and the names of up to usent autometry or agents. If no name is ewill be printed.			
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